

FINANCIAL STATUS REPORT (Short Form)

ORIGINAL

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency FY03 HAVA Section 102 Funding		OMB Approval No. 0348-0038	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) New Jersey Department of Law & Public Safety, P.O. Box 081 Trenton, New Jersey 08625					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/16/2003		9. Period Covered by this Report From: (Month, Day, Year) 6/16/2003		To: (Month, Day, Year) 6/30/2004	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	0.00	0.00	
b. Recipient share of outlays		0.00	0.00	0.00	
c. Federal share of outlays		0.00	0.00	0.00	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				0.00	
h. Total Federal funds authorized for this funding period				8,695,609.00	
i. Unobligated balance of Federal funds (Line h minus line g)				8,695,609.00	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title STEVEN C TALPAS, GRANTS COORDINATOR			Telephone (Area code, number and extension) 609 954 0634		
Signature of Authorized Certifying Official [Signature]			Date Report Submitted November 4, 2004		



RECEIVED
DEC 02 2004
BY: *[Signature]*

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
PO Box 081
TRENTON, NJ 08625-0081

RICHARD J. CODEY
Acting Governor

ORIGINAL

PETER C. HARVEY
Attorney General

THOMAS J. O'REILLY
Administrator

November 24, 2004

Peggy Sims
Research Specialist
US Election Assistance Commission
1225 New York Ave., NW - Ste 1100
Washington, DC 20005

Dear Ms. Sims:

Enclosed, please find the State of New Jersey's SF 269 Reports for our FY03 HAVA Section 101, FY03 HAVA Section 102, FY03 HAVA Section 251, and FY03 HAVA Section 261 Funding. The FY04 HAVA Section 261 SF 269 will be forwarded shortly. Please feel free to contact me at 609-292-0240 if you have any questions or concerns.

Sincerely,

[Signature]

Kelly Ottobre
Program Development Specialist

enclosures



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